

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ib</i>		<i>87-10-1</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A-S</i>	<i>943</i>	<i>4-21-1</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>scor</i>	<i>07/31/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*Res-614*  
*31-01*